Adult Day Health Care Services (age 21 and over)

Definition: Services furnished 5 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. The State intends to limit services to participants with medically complex conditions, or participants who require extensive assistance with functional activities/tasks, as determined by DDSN assessment. Authorization of services will be based on the participant's need for the service as identified and documented in his/her Support Plan. Meals provided as part of this service shall not constitute a full nutritional regime (3 meals per day). Physical, occupational and speech therapies indicated in the participant's Support Plan are not furnished as component parts of this service.

The unit of service is one "participant day," which is a minimum of 5 hours of a day, exclusive of transportation. The unit of service will be a minimum of 4 hours when the participant has a scheduled medical appointment requiring him or her to leave early or arrive late.

Please see Scope of Services for Adult Day Health Care Services.

Providers: Centers/agencies contracted with SCDHHS to provide Adult Day Health Care Services under the MR/RD Waiver. These centers/agencies are listed on the Adult Day Health Provider Listing or you may contact your supervisor if you have questions about a center's/agency's enrollment status.

Arranging for and Authorizing Services: Adult Day Health Care services are only appropriate for those MR/RD Waiver participants who are at least 21 years of age and who, due to functional ability or medical condition, will not benefit from traditional SCDDSN Day Service options. If the Service Coordinator suspects that Adult Day Health Care services may be needed, or if these services are requested by the participant or his/her family, the Adult Day Health Care Assessment of Need (MR/RD Form AA) should be used to determine if Adult Day Health Care Services are appropriate. This form must be completed and the need for services indicated before Adult Day Health Care Services can be provided.

Note: If a participant who is under age 21 began receiving the service prior to 1 January 2010, he/she may continue to receive the service, as long as the assessed need is present. After 1 January 2010, no one less than 21 years of age may be authorized to receive the Adult Day Health Care services.

Note: If the intended participant is currently enrolled in the CLTC Community Choices Waiver and receiving Adult Day Health Care Services, he/she may or may not be able to continue this service under the MR/RD Waiver. The Adult Day Health Care Assessment of Need (MR/RD Form AA) must be completed and submitted to SCDDSN District Office along with supporting documentation. If the intended participant meets the Assessment of Need and the need for Adult Day Health Care is supported by his/her Support Plan and other submitted documentation, then he/she will be able to receive this service through the MR/RD Waiver. Typically this type of review is done when submitting the budget. Since this may determine if a person will transition from the CLTC Community Choices Waiver to the MR/RD Waiver, the Service Coordinator may notify the District MR/RD Waiver Coordinator to request a preliminary review and decision prior to MR/RD Waiver enrollment.

Once it is determined that Adult Day Health Care services are needed, the Service Coordinator should document the need for the services in the participant's Support Plan and offer the participant or his/her family choice of providers. The Service Coordinator should document this offering of choice.

Once the amount and the frequency of the service have been determined and the family has selected a provider, the chosen provider should be contacted to determine space/service availability. Also, at this point, budget information can be entered into the Waiver Tracking System. Once the budget is entered, the completed Adult Day Health Care Assessment of Need (MR/RD Form AA) and supporting documents (e.g. Support Plan, medical assessments, psychological evaluation, etc.), if not previously submitted, must be forwarded to the District MR/RD Waiver Coordinator. The supporting documents should include information that reinforces the assessment of need.

Once the service is approved by District Office, the Service Coordinator may authorize the service. Services must be authorized using the Authorization for Adult Day Health Care Services (MR/RD Form A-23).

Once the center/agency receives the completed Authorization for Adult Day Health Care Services (MR/RD Form A-23), it must negotiate the start date with the Service Coordinator. The Authorization for Adult Day Health Care Services (MR/RD Form A-23) will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care center/agency or until services are terminated.

Prior to starting the service, the Adult Day Health Care center/agency must obtain the Community Long Term Care Adult Day Health Care Form (DHHS Form 122 DC) from the physician.

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Adult Day Health Care Services:

- During the first month of service, monitoring should be conducted while the service is being provided.
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).
- Except for the initial monitoring, this service may be monitored during a contact with the participant/family or service provider. It may also occur during review of written documentation at the Adult Day Care Center or during an on-site visit.

Some questions to consider during monitoring include:

- Is the participant satisfied with the Adult Day Health Care Center?
- Is the ADHC Center clean (sanitary)?
- Is the ADHC Center in good repair?
- How often does the participant attend?
- Are there any health/safety issues?
- How often does the ADHC Center staff have contact with family?
- Are there any behavior problems?
- What types of recreational activities does the person participate in?
- What types of recreational activities does the ADHC Center offer?
- Does the participant feel comfortable interacting with staff?
- What are the opportunities for choice given to the participant?
- What type of care is the participant receiving?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

ADULT DAY HEALTH CARE
ASSESSMENT OF NEED

Participant Name:

SSN:

Mark the statement that best describes the person's abilities or condition. All responses must be substantiated by current professional reports. To be determined to need Adult Day Health Care services, the person must score "Yes" on at least one of the two bolded categories. The "Yes" must be based on meeting at least one of the non-bolded criteria within the category.

I. Functional Ability (*Check all that apply)*

☐ This person requires extensive assistance (hands-on) with locomotion or transfer **and,** due to the degree of assistance required, he/she cannot benefit from training to develop, improve or enhance self help, socialization or adaptive skills; benefit from interventions designed to prevent loss of previously learned self help, socialization or adaptive skills **nor** will he/she benefit from training or interventions designed to prepare him/her for paid or unpaid employment. (NOTE: Extensive assistance means the person needs hands-on, human assistance for ambulation when appropriate devices/equipment are in use or needs human assistance to propel and direct a wheelchair. This may also be scored "yes" when continuous eye contact must be maintained and intervention provided to prevent wandering).

☐ This person requires extensive assistance (hands-on) with dressing and toileting and eating. (Check only if assistance is needed in all three areas) **and,** due to the degree of assistance required, he/she cannot benefit from training to develop, improve or enhance self help, socialization or adaptive skills; benefit from interventions designed to prevent loss of previously learned self help, socialization or adaptive skills **nor** will he/she benefit from training or interventions designed to prepare him/her for paid or unpaid employment. (NOTE: Extensive assistance means the person may perform part of the activity but needs human assistance to complete at least 50% or more of the task. Dressing in this case refers to adjusting clothes after toileting or donning clean clothes; dressing does not include clothing selection; toileting refers to using a commode, bedpan, or urinal without accident and cleaning self after use; eating refers to setting up prior to the meal as well as food consumption. Table manners or etiquette is not considered part of this.)

☐ This person requires frequent (hands-on) bladder or bowel incontinence care; or with daily catheter or ostomy care **and,** due to the degree of assistance required, he/she cannot benefit from training to develop, improve or enhance self help, socialization or adaptive skills; benefit from interventions designed to prevent loss of previously learned self help, socialization or adaptive skills **nor** will he/she benefit from training or interventions designed to prepare him/her for paid or unpaid employment. (Note: the person may have some control or may be able to assist in some ways but generally requires human assistance for diaper change, toileting schedule, or catheter or ostomy care).

Based on this information, does this person have a functional deficit which prevents him/her from benefiting from Day Activity, Community Services, Career Preparation or Employment Services?

YES ☐ **NO** ☐

II. Medical Condition (*Check all that apply.)*

☐ This person requires daily monitoring/observation and assessment due to an unstable (not managed by routine medications and likely to change rapidly) medical condition which may

include overall management and evaluation of a medical care plan which changes daily or several times a week. (May include but are not limited to conditions such as those related to heart/circulation hypertension, heart disease], sensory, neurological [seizures], psychiatric/mood, pulmonary [emphysema, cystic fibrosis], skin [decubiti], or others [diabetes, cancer, etc.])

☐ This person requires administration of multiple medications which require frequent dosage adjustment, regulation and monitoring (e.g. medications are given or held based on current conditions such as pulse rate or glucometer readings, etc.).

☐ This person requires administration of parenteral (not given by mouth) medications and fluids which require frequent dosage adjustment, regulation, and monitoring. (Routine injections scheduled daily or less frequently, such as insulin injections, do not qualify).

☐ This person requires special catheter care (e.g., frequent irrigation, irrigation with special medications, frequent catheterizations for specific problems).

☐ This person requires treatment for extensive decubitus ulcers or other widespread skin disorder.

☐ This person requires nasogastric tube or gastronomy feedings.

☐ This person requires nasopharyngeal or tracheotomy aspirations or sterile tracheotomy care.

☐ This person requires administration of medical gases (e.g. oxygen).

☐ This person requires daily skilled monitoring or observation for conditions that do not ordinarily require skilled care, but because of the combination of conditions, may result in special medical complications.

Based on this information, this person needs skilled services due to his/her complex medical needs.

YES ☐ **NO** ☐

SIGNATURE OF ASSESSOR: _____ _____

Date

Attach copies of the professional reports substantiating the information on this assessment.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER

AUTHORIZATION FOR ADULT DAY HEALTH CARE SERVICES

☐ ***BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES*** *(include Prior Authorization # below)*
☐ ***BILL TO FINANCIAL MANAGER:*** _____
_____
_____

TO: _____

You are hereby authorized to provide **Adult Day Health Care Services (X6987)** ***for:***

Participant's Name: _____ **Date of Birth:** _____

Address: _____
_____
_____

Phone Number: _____ **Medicaid #:** _____ **Social Security #:** _____

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # _____

Start Date: _____

Authorized Total: __ Units per week (One unit = one 5-hour day)

Service Coordination Provider: _____ Service Coordinator Name: _____

Address: _____
_____
_____

Phone # _____

_____ _____
Signature of Person Authorizing Services Date